



Printed Name

Clinical Privileges Profile Physician Assistant

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements

1. Application for privileges by a Physician Assistant may be made only by the supervising physician/physicians. The application must be accompanied by a listing of proposed duties and responsibilities of the PA as it applies to the supervising physician’s practice.
2. The application must include a copy of the Supervision Agreement with the State Medical Board of Ohio which constitutes a working relationship between the Physician Assistant and supervising physician.
3. The application will be reviewed by the Allied Health Professionals Council, the clinical service in which the supervising physician/physicians maintain privileges, the credentials committee and ultimately by the Medical Executive Committee and Board of Directors.
4. The supervising physician is responsible for maintaining the duties of the PA within the scope of granted privileges and must insure that those duties do not constitute the practice of medicine outside the limitations of the PA’s licensure. The supervising physician assumes responsibility for appropriate instruction and training of the Physician Assistant in the functions and procedures that the PA performs under that physician’s supervision.
5. Responsibility and liability for all acts of the Physician Assistant shall be that of the supervising physician/physicians.
6. No physician or group of physicians may employ more than the number of physician assistants that can be adequately supervised by such physician or group pursuant to the Ohio Revised Code.
7. Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
8. This document is focused on defining the qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

9. The privileges of a Physician Assistant may be terminated at the direction of the clinical service chief in which the supervising physician is a member or the Chief of Staff at any time for just and due cause. The supervising physician may appeal this termination to the Medical Executive Committee or a committee especially dedicated for this purpose. Privileges are voluntarily resigned upon leaving the employment of the supervising physician(s).

QUALIFICATIONS FOR PHYSICIAN ASSISTANT

To be eligible to apply for clinical privileges as a physician assistant, the applicant must meet the following criteria:

Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approved program (prior to January 2001 - Commission on Accreditation of Allied Health Education Programs),

AND

Current certification by the National Commission on Certification of Physician Assistants (NCCPA),

AND

Current licensure to practice as a physician assistant issued by the Ohio State Medical Board,

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body.

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment, or services reflective of the scope of privileges requested to at least 25 patients in the past 12 months or completion of ARC-PA approved program in the past 12 months.

Reappointment requirements: To be eligible to renew core privileges as a physician assistant the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 25 patients with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Documentation of CME, as required by the Ohio State Medical Board and the National Commission on Certification of Physician Assistants.

Medical record charting responsibilities

Clearly, legibly, completely, and in a timely fashion, the PA must describe each service provided to a patient in the hospital and describe relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures you do not wish to request, then initial and date.

- Administer ACLS if certified

- Apply, remove, and change dressings and bandages
- Assessing patients and developing and implementing treatment plans for patients
- Carrying out or relaying the supervising physician's orders for the administration of medication, to the extent permitted by law
- Direct care as specified by medical staff approved protocols
- Exercising physician-delegated prescriptive authority pursuant to a certificate to prescribe issued under this chapter
- Identifying normal and abnormal findings on histories, physical examinations, and commonly performed diagnostic studies Initiate referral to appropriate physician or other healthcare professional of problems that exceed the PA's scope of practice
- Insert and remove nasogastric tubes
- Instituting and changing orders on patient charts
- Make daily rounds on hospitalized patients with or at the direction of the supervising physician and place progress notes in the medical record
- May first or second assist on minor/major procedures under the supervision of the supervising physician
- May prepare and dictate operative notes and discharge summaries, which will then be reviewed and countersigned by the supervising physician
- Monitor and manage stable acute and chronic illnesses of population served
- Monitoring the effectiveness of therapeutic interventions
- Obtain and record medical/social history and perform physical examinations including rectal and pelvic examinations as indicated, which must be reviewed and countersigned by the supervising physician
- Ordering, performing, or ordering and performing routine diagnostic procedures, as indicated
- Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, X-ray, EKG, IV fluids and electrolytes, etc.
- Perform consultations
- Perform field infiltrations of anesthetic solutions
- Perform incision and drainage of superficial abscesses
- Perform urinary bladder catheterization (short-term and indwelling) (e.g., Robinson, coudé, Foley)
- Perform venous punctures for blood sampling, cultures, and IV catheterization
- Perform wound debridement and general care for superficial wounds and minor superficial surgical procedures
- Performing developmental screening examinations on children with regard to neurological, motor, and mental functions
- Performing physical examinations, including audiometry screening, routine visual screening, and pelvic, rectal, and genital-urinary examinations, when indicated
- Preliminary interpretation of EKGs
- Provide patient education to the supervising physician's patients to include, but not limited to, pre-operative instructions, instructions concerning the particular medical problem the patient has, routine care instructions concerning any incisions, etc. The foregoing must be under the guidance of the supervising physician(s).
- Record discharge summaries

SPECIALTY CORE PROCEDURE LIST

Cardiovascular Disease

Performance of pharmacological/non-pharmacological stress tests

Cardiothoracic Surgery

Assist in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and any other action delegated by the surgeon
Insertion of pulmonary artery catheters

- Insertion of radial and femoral arterial lines
- Insertion of central venous catheters
- Remove epicardial pacing wires
- Remove temporary transvenous cardiac pacing catheters
- Insertion and removal of intra-aortic balloon pump
- Insert chest tubes to include pleurodesis
- Perform thoracentesis
- Harvesting of saphenous vein or radial artery conduit



Emergency Medicine

Must be employed by the group currently contracted by the hospital to provide Emergency Medicine services

- Arthrocentesis and joint aspirations
- Insert thoracostomy tubes
- Change G-tubes
- Change tracheostomy tubes
- Diagnostic lumbar punctures
- Endotracheal intubation
- FAST ultrasound
- Independent assessment and disposition of low acuity patients
- Insert and remove nasogastric tubes
- Interosseous access
- Laceration repair
- Local/digital anesthesia
- Manage epistaxis
- Ocular tonometry
- Perform arterial puncture and blood gas sampling
- Perform preliminary interpretations of simple plain X-ray films with second reading by supervising physician (or radiologist)
- Peripheral arterial/peripheral and central venous access
- Reduce joint dislocations
- Perform removal of foreign body (ears, nose, rectum, vagina, throat, and soft tissue)
- Superficial foreign body removal from cornea
- Trephination and removal of nail
- Assist the ER physician in any other action delegated by the physician under direct supervision of the physician



Gastroenterology

- Change gastrostomy feeding tubes
- Diagnostic and therapeutic paracentesis
- Assist physician with insertion of percutaneous gastrostomy tube insertion
- Anoscopy



Nephrology

- Place vascular catheters for hemodialysis and plasmapheresis
- Remove permacaths
- Start femoral dialysis lines



Neurosurgery

- Assist in surgery with all neurosurgical procedures and any other action delegated by the surgeon
- Manage intracranial monitors
- Remove cranial and spinal drains
- Perform lumbar puncture

Place Halo fixation
Place intracranial pressure monitor
Place external ventricular drains

Orthopedics

Application of casts and/or splints
Assist in surgery and any other action delegated by the surgeon
Perform arthrocentesis of: shoulder, elbow, wrist, hip and knee
Make preoperative and postoperative teaching visits with patients
Perform compartment pressure measurements
Injection of steroids preparation into the following joints shoulder, elbow, wrist, hip & knee plus, subacromial bursa, lateral & medial epicondyle tendon insertion about the elbow, greater trochanteric bursa, and olecranon bursa
Closed reduction of fracture or dislocation of the elbow, wrist, ankle, hip and shoulder
Application of skeletal traction pin to tibia or femur

Pediatrics

Perform lumbar puncture

Radiation Oncology*

Assists Radiation Oncologist with simulations, procedures, and portal verification

*Not applicable to Sycamore Medical Center

Surgery

Assist in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and any other action delegated by the surgeon
Insert central venous catheters

Urology

Serve as first assistant in all surgical procedures and any other action delegated by the surgeon

SPECIAL NON CORE PROCEDURES (SEE SPECIFIC CRITERIA)

HARVEST (ENDOSCOPIC AND OPEN) ARTERIAL AND/OR VENOUS CONDUIT FOR BYPASS GRAFTING

Video assisted vein harvesting will be in accordance with current manufacturing guidelines. Those guidelines include:

- Training at the manufacture's site.
- Proctoring for a minimum of ten (10) cases by an approved proctor.
- Maintain a minimum of at least thirty six (36) video vein harvestings per year; a maximum of fifty percent (50%) can be completed by simulation.
- A copy of the case log will need to be provided for recredentialing.

Requested

Open vein harvesting privileges will need to include the following:

- Proctoring for a minimum of ten (10) cases by an approved proctor.
- Maintain a minimum of at least ten (10) cases per year.
- A copy of the case log will need to be provided for recredentialing.

Requested

INSERT ARTERIAL CATHETERS

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for the first 5 procedures. **Maintenance of privilege:** Demonstrated current competence and evidence of the performance of at least 5 procedures within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

INSERT CENTRAL VENOUS CATHETERS

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for the first 5 procedures. **Maintenance of privilege:** Demonstrated current competence and the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

INSERT CHEST TUBES TO INCLUDE PLEURODESIS

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for the first 5 procedures. **Maintenance of privilege:** Demonstrated current competence and evidence of the performance of at least 2 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

INSERT PULMONARY ARTERY CATHETERS

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for the first 5 procedures. **Maintenance of privilege:** Demonstrated current competence and the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

INSERT THORACOSTOMY TUBE

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 4 procedures in the past 12 months or direct supervision is required for the first 4 procedures. **Maintenance of privilege:** Demonstrated current competence and the performance of at least 4 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

PERFORM ARTHROCENTESIS AND JOINT ASPIRATION

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for the first 5 procedures. **Maintenance of privilege:** Demonstrated current competence and the performance of at least 5 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

PERFORM LUMBAR PUNCTURE

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated

current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for the first 5 procedures. **Maintenance of privilege:** Demonstrated current competence and the performance of at least 4 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

PERFORM THORACENTESIS

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for the first 5 procedures. **Maintenance of privilege:** Demonstrated current competence and the performance of at least 4 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

PERFORMANCE OF PHARMACOLOGICAL AND NON-PHARMACOLOGICAL STRESS TESTS

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 20 procedures in the past 12 months or direct supervision is required for the first 20 procedures. **Maintenance of privilege:** Demonstrated current competence and the performance of at least 20 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

REMOVE INTRA-AORTIC BALLOON PUMP

- Requested** Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience. **Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months or direct supervision is required for the first 5 procedures. **Maintenance of privilege:** Demonstrated current competence and the performance of at least 4 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Each specialty and/or supervising physician is responsible for submitting a list of privileges, which are not otherwise identified in this document, and that are within the supervising physician's normal course and scope of practice. This specific list will be approved by the Allied Health Professionals Council, the Credentials Committee and the Medical Executive Committee. An approved list will then be included in each PA's application. If special duties, not included on the list, are requested they must be approved by the above committees.

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Kettering Medical Center, and I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged allied health professionals.

Signed _____

Date _____

ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)

Signed _____ **Date** _____

Signed _____ **Date** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

Privilege	Condition/modification/explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief signature _____ **Date** _____

FOR MEDICAL STAFF OFFICE USE ONLY

Credentials Committee Action _____ **Date** _____

Medical Executive Committee Action _____ **Date** _____

Board of Directors Action _____ **Date** _____

Adopted: November 11, 2010